



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 002600001

CITY OR TOWN ANDOVER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ANDOVER COUNTRY CLUB INC.

DOING BUSINESS AS ANDOVER COUNTRY CLUB

ADDRESS 60 CANTERBURY ST

CITY/TOWN: ANDOVER

STATE: MA

ZIP CODE: 01810

MANAGER: ENXING, DENISE TYPE OF LICENSE: Innholder

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FOUR FLOORS, FIRST FLR; STOCK ROOM, BAR AND LOUNGE. DINING ROOM, LOCKER ROOM AND PATIO, GOLF PRO SHOP, CONCESSION AREA. 2ND FLR BAR, OFFICE, 2 PATIO DECKS, KITCHEN, RECEPTION, FOOD SERVICE AREA. 3RD FLR 5 OFFICES AND STORAGE. 4TH FLR, STORAGE, LOUNGE, LOBBY, 23 GUEST ROOMS, RECORD R

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 002600002

CITY OR TOWN ANDOVER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MORELLO HOSPITALITY GROUP LLC

DOING BUSINESS AS BRASSERIE 28

ADDRESS 2 ELM STREET

CITY/TOWN: ANDOVER

STATE: MA

ZIP CODE: 01810

MANAGER: MORELLO, MATTHEW
TYPE OF LICENSE: Restaurant
EW

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2002 sq. ft. ... 120 seats 1 bar area, 1 secured liquor area, 1 lounge, 4 means of egress; 1 front entrance, 1 side entrance, 1 interior building entrance with separate egress; sharing 2 ADA common area bathrooms, 1 kitchen receiving area entrance. ... 1 kitchen area, 1 employee bathroom, 1 office, 1 walk in cooler, outdoor seating area; 280 sq ft, 36 seats located along side of buildings on privately owned post office avenue

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 002600003

CITY OR TOWN ANDOVER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PALMER'S RESTAURANT, INC.

DOING BUSINESS AS PALMER'S RESTAURANT & TAVERN

ADDRESS 18 ELM ST.

CITY/TOWN: ANDOVER

STATE: MA

ZIP CODE: 01810

MANAGER: INGALLS, JOHN P. TYPE OF LICENSE: Restaurant
III

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR; KITCHEN, PANTRY, LOBBY, COAT ROOM, PORCH BAR AREA, GARDEN
DINING ROOM, OFFICE AND LIBRARY DINING AREA. UPSTAIRS; TWO DINING ROOMS.
THREE BATHROOMS. TWO FRONT ENTRANCES/EXITS AND A REAR ENTRANCE EXIT.
TWO SIDE ENTRANCES/EXITS FOR KITCHEN PANTRY. EXTERIOR DECK.

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(Note: **NOT** Individual Social Security Number)

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 002600006

CITY OR TOWN ANDOVER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: 99 RESTAURANTS OF BOSTON LLC

DOING BUSINESS AS 99 RESTAURANTS

ADDRESS 464 LOWELL ST.

CITY/TOWN: ANDOVER

STATE: MA

ZIP CODE: 01810

MANAGER: THORGILSSON,
JON

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY FRAME BLDG, 1958 SQ FT WITH STORAGE BASEMENT. PUBLIC ENTRY IN FRONT OF BLDG. EMERGENCY EXITS AT THE REAR AND CENTER OF BLDG.

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 002600009

CITY OR TOWN ANDOVER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CHATEAU RESTAURANT OF ANDOVER

DOING BUSINESS AS THE CHATEAU RESTAURANT

ADDRESS 131 RIVER RD.

CITY/TOWN: ANDOVER

STATE: MA

ZIP CODE: 01810

MANAGER: VALLARELLI,
STEPHEN

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE LOBBY, LOUNGE AREA, 2 DINING ROOMS ONE FUNCTION ROOM, ONE KITCHEN, ONE FRONT OFFICE, ONE REAR OFFICE, ONE SERVICE BAR, FRONT PUBLIC RESTROOMS, REAR HANDICAP RESTROOM, LIQUOR STORAGE ROOM, GROCERY STOCKROOM, TOW MECHANICAL ROOMS, BOILER ROOM IN BASEMENT, ONE MAIN FRONT ENTRANCE, THREE REAR EXITS, FIVE SIDE EXITS.

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 002600011

CITY OR TOWN ANDOVER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: OLDE ANDOVER RESTAURANT, INC.

DOING BUSINESS AS GRASSFIELDS

ADDRESS 209 NORTH MAIN ST.

CITY/TOWN: ANDOVER

STATE: MA

ZIP CODE: 01810

MANAGER: MCNIFF, DEBRA
ANN

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLR; THE SELLING AREA CONSISTS OF 2250 SQ FT. KITCHEN, LIQUOR STORAGE ROOM, 2 WALK IN REFRIGERATORS, WALK IN FREEZER, GROCERY STORAGE, OFFICE AND MECHANICAL ROOM.

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 002600013

CITY OR TOWN **ANDOVER**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **LANAM CLUB INC.**

DOING BUSINESS AS

ADDRESS **260 NORTH MAIN ST.**

CITY/TOWN: **ANDOVER**

STATE: **MA**

ZIP CODE: **01810**

MANAGER: **HART, TIMOTHY** TYPE OF LICENSE: **Club**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

THREE FLOORS; 2 CELLARS; AT LEAST 5 ROOMS ON EACH FLOOR. MANY ENTRANCES AND EXITS LOCATED IN THE BUILDING. SEASONAL ENCLOSED GARDEN ADJACENT TO THE CLUB HOUSE AND SEASONAL ENCLOSED PATIO ADJACENT TO CLUB HOUSE -BOTH WITH SEVERAL ENTRANCES AND EXITS

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 002600015

CITY OR TOWN **ANDOVER**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **NEW INDIAN RIDGE COUNTRY CLUB INC.**

DOING BUSINESS AS

ADDRESS **OFF LOVEJOY ROAD**

CITY/TOWN: **ANDOVER**

STATE: **MA**

ZIP CODE: **01810**

MANAGER: **NOLAN, CHERI A.** TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO FLOORS; SWIMMING POOL, CLUBHOUSE. TWO ROOMS UPSTAIRS, DINING ROOM, BAR, KITCHEN, MEN'S AND LADIES REST ROOMS, COAT ROOM, DANCE AND FUNCTION ROOM. ONE ROOM DOWNSTAIRS, GRILL, OFFICE MEN'S AND WOMEN LOCKER ROOMS, RESTROOMS, SAUNA, SUN LAMP ROOM, STEAM ROOM, COAT ROOM.

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 002600016

CITY OR TOWN ANDOVER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: S/HM ANDOVER MANAGEMENT LLC

DOING BUSINESS AS WYNDHAM ANDOVER

ADDRESS 123 OLD RIVER ROAD

CITY/TOWN: ANDOVER

STATE: MA

ZIP CODE: 01810

MANAGER: CORBOSIERO,
OONATO

TYPE OF LICENSE: Innholder

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

5 STORY HOTEL, 293 GUEST ROOMS, RS, LOUNGE, BAR BALL ROOM, WHICH MAY BE
DIVIDED INTO 8 FUNCTION RMS. INDOOR POOL AREA. LIQUOR STORED ON 1ST FLR OF
HOTEL. 2 OUTSIDE COURTYARDS.

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 002600017

CITY OR TOWN ANDOVER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PARK STREET HOLDINGS LLC

DOING BUSINESS AS DYLAN'S BAR AND GRILL

ADDRESS 018-22 PARK ST.

CITY/TOWN: ANDOVER

STATE: MA

ZIP CODE: 01810

MANAGER: PETROVICH,
SAMUEL F

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1SR FLR-LOUNGE AND INFORMAL DINING ROOM AND STORAGE ROOM. 2 BATHROOMS.
2ND FLR-FORMAL DINING RM ,KITCHEN AND PREP AREA. MAIN ENTRANCE DOOR 22
PARK ST. DELIVERY DOOR OPEN TO ALLEY. EMERGENCY EXIT ON WEST SIDE OF
BUILDING AND EXIT DOOR IN REAR OF BLDG. OUTSIDE PATIO 36'X18'.

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 002600023

CITY OR TOWN ANDOVER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: COURTYARD MANAGEMENT CORPORATION

DOING BUSINESS AS COURTYARD BY MARRIOTT HOTEL

ADDRESS 10 CAMPANELLI DRIVE

CITY/TOWN: ANDOVER

STATE: MA

ZIP CODE: 01810

MANAGER: NOLAN,
MATTHEW

TYPE OF LICENSE: Innholder

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

3 STORY HOTEL, 146 GUEST ROOMS, RESTAURANT, LOUNGE, 2 MEETING ROOMS AND A
COURTYARD AREA WITH POOL. LIQUOR TO BE STORED ON FIRST FLOOR OF HOTEL.

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 002600024

CITY OR TOWN ANDOVER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SUNDAY GENERAL CORPORATION

DOING BUSINESS AS SUNDAY GENERAL STORE

ADDRESS 195 ANDOVER STREET

CITY/TOWN: ANDOVER

STATE: MA

ZIP CODE: 01810

MANAGER: LEE, JOO HYONG

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

STREET FRONT STORE, ONE LARGE ROOM WITH STORE SPACE TO REAR OF ROOM. TWO
EXITS. THE FRONTAGE SELLING AREA IS 30 X 20.

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 002600025

CITY OR TOWN ANDOVER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MCGANN ASSOCIATES INC.

DOING BUSINESS AS DRISCOLL'S FINE WINE & SPIRITS

ADDRESS 5 BARTLET STREET

CITY/TOWN: ANDOVER

STATE: MA

ZIP CODE: 01810

MANAGER: MCGANN, BRIAN TYPE OF LICENSE: Package Store CATEGORY: All Alcohol
E.

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR OF 1,460 SQ FT WITH ENTRANCE/EXIT ON BARTLET STREET AND ON
BARNARD STREET, WITH OFFICE BATHROOM, COOLER STORAGE, RETAIL SPACE AND
CHECKOUT COUNTER.

I hereby certify and swear under penalties of perjury that:

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(If disapproved explain)

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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 002600026

CITY OR TOWN ANDOVER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CHARLES AND SHIRLEY BARRON

DOING BUSINESS A BARRON'S COUNTRY STORE

ADDRESS 429 LOWELL STREET

CITY/TOWN: ANDOVER

STATE: MA

ZIP CODE: 01810

MANAGER:

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY AND CELLAR. RETAIL SALES AREA, RESTROOMS, REAR FOYER WITH EXITS
FROM SALES AREA AND REAR FOYER. 50 X 24 CELLAR WITH A STAIRWAY EXIT TO
FIRST FLOOR REAR FOYER.

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 002600027

CITY OR TOWN ANDOVER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ANDOVER CLASSIC WINES, LLC

DOING BUSINESS AS ANDOVER LIQUORS

ADDRESS 209 NORTH MAIN ST.

CITY/TOWN: ANDOVER

STATE: MA

ZIP CODE: 01810

MANAGER: DIFIORE,
ANDREA M.

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR SALES AREA, REAR STORAGE AND STOCK ROOM, COMBINES ENTRANCE AND EXIT AND EMERGENCY EXIT OPENINGS TO SHAWSEEN PLAZA PARKING LOT FOR A TOTAL OF 5540 SQFT. LOADING DOORS ARE AT THE REAR OF BUILD. FOR ACCESS TO STORAGE AREA FOR LOADING STOCK.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 002600028

CITY OR TOWN ANDOVER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SHAWSHEEN VILLAGE LIQUORS, INC.

DOING BUSINESS AS SHAWSHEEN LIQUORS

ADDRESS 4 POOR STREET

CITY/TOWN: ANDOVER

STATE: MA

ZIP CODE: 01810

MANAGER: HELMAN,
MICHAEL P.

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2088 SQ FT INCLUDES 1000 SQFT SELLING SPACE, 2 STORAGE AREAS IN BACK. TWO
ENTRANCE AND EXITS ONE AT 2 POOR ST. AND 4 POOR ST. SMALL BATHROOM IN REAR
STORAGE AREA. EXIT DOORS OFF EACH STORAGE AREA TO REAR PARKING LOT.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 002600030

CITY OR TOWN ANDOVER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SOTIRIOS EXARCHOS, INC.

DOING BUSINESS AS DEPOT HOUSE OF PIZZA

ADDRESS 53 ESSEX ST.

CITY/TOWN: ANDOVER

STATE: MA

ZIP CODE: 01810

MANAGER: EXARCHOS,
SOTIRIOS

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR WITH TWO FIRE EXITS. FRONT AREA HAS SEATING CAPACITY FOR APPROX. 32 PEOPLE. REAR AREA IS FOR FOOD PREP. AND CONTAINS THREE OVENS, HOOD AND GRILL.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 002600032

CITY OR TOWN ANDOVER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PARK STREET PUB, INC

DOING BUSINESS AS PARK STREET PUB

ADDRESS 40 PARK ST

CITY/TOWN: ANDOVER

STATE: MA

ZIP CODE: 01810

MANAGER: BEBO, LISA

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR 40'X40', INE ROOM, SMALL STORAGE/OFFICE SPACE, ENTRANCE IN FRONT OF BUILDING, TWO EXITS AT REAR OF BUILDING, RESTROOMS(2)

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 002600034

CITY OR TOWN ANDOVER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BERTUCCI'S RESTAURANT CORP

DOING BUSINESS AS BERTUCCI'S BRICK OVEN RESTAURANTE

ADDRESS 90 MAIN ST

CITY/TOWN: ANDOVER

STATE: MA

ZIP CODE: 01810

MANAGER: HOFFMAN, JARED TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY 2600 SQ FT. BUILDING HAS A FRONT ENTRANCE AND A REAR EXIT AND AN
OUTSIDE PATIO THAT SEATS 20

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 002600035

CITY OR TOWN ANDOVER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CSB RESTAURANT GROUP,LLC

DOING BUSINESS AS YELLA

ADDRESS 16 POST OFFICE AVE

CITY/TOWN: ANDOVER

STATE: MA

ZIP CODE: 01810

MANAGER: BERDAHN,DANIE TYPE OF LICENSE: Restaurant
LLE A.

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE DINING ROOM, ENTRANCE IN FRONT, SECOND EXIT OUT OF KITCHEN, TWO
RESTROOMS. BASEMENT, ONE KITCHEN IN BACK

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 002600036

CITY OR TOWN ANDOVER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SCP, INC.

DOING BUSINESS AS GLORY RESTAURANT

ADDRESS 013-19 ESSEX ST

CITY/TOWN: ANDOVER

STATE: MA

ZIP CODE: 01810

MANAGER: PAPPADOPOULOS, TYPE OF LICENSE: Restaurant
CHRISTOS

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

THREE FUNCTION ROOMS, BAR AND TWO KITCHENS ON FIRST FLOOR, RESTROOMS IN
BACK, FOUR EXITS IN FRONT, ONE ON SIDE AND THREE IN BACK. OUTDOOR CAFE.
STORAGE IN BASEMENT

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 002600037

CITY OR TOWN ANDOVER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: THAI SWEET BASIL, INC.

DOING BUSINESS AS THAI SWEET BASIL

ADDRESS 209 NORTH MAIN ST

CITY/TOWN: ANDOVER

STATE: MA

ZIP CODE: 01810

MANAGER: YANG, YEE

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

DINING ROOM, TWO RESTROOMS, KITCHEN, OFFICE, ONE ENTRANCE AND TWO EXITS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 002600039

CITY OR TOWN ANDOVER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SIX CONTINENTS RESOURCES, INC.

DOING BUSINESS AS STAYBRIDGE SUITES BY HOLIDAY INN

ADDRESS 4 TECHNOLOGY DR.

CITY/TOWN: ANDOVER

STATE: MA

ZIP CODE: 01810

MANAGER: TYRRELL, DAWN TYPE OF LICENSE: Innholder

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

THE HOTEL IS A 133 UNIT ALL SUITE HOTEL WITH A TOTAL OF THREE FLOORS WITH
THE MAIN ENTRANCE IN THE FRONT OF THE BUILDING WHICH EXITS OUT TO
TECHNOLOGY DRIVE.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 002600040

CITY OR TOWN ANDOVER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: OM PATEL, INC

DOING BUSINESS AS RICHDALE SUPERETTE

ADDRESS 10 RAILROAD ST

CITY/TOWN: ANDOVER

STATE: MA

ZIP CODE: 01810

MANAGER: PATEL, GAUTUM TYPE OF LICENSE: Package Store
B.

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

A CONVENIENCE STORE WITH ENTRANCE ON RAILROAD ST AND EMERGENCY EXIT ON
SIDE OF BUILDING.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 002600041

CITY OR TOWN ANDOVER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MOOTONE INC.

DOING BUSINESS AS MOOTONE FINE JAPANESE RESTAURANT

ADDRESS 15 RAILROAD ST.#3

CITY/TOWN: ANDOVER

STATE: MA

ZIP CODE: 01810

MANAGER: YIN, YIZHONG

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

THE PREMISE IS 1800 S.F. CONSISTING OF A KITCHEN, A SUSHI BAR, FOUR JAPANESE GRILL TABLES, A DINING AREA, TWO RESTROOMS,..THERE IS ONE ENTRANCE AND TWO EXITS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 002600043

CITY OR TOWN ANDOVER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: DISH,LLC

DOING BUSINESS AS DISH

ADDRESS 00022C ANDOVER ST

CITY/TOWN: ANDOVER

STATE: MA

ZIP CODE: 01810

MANAGER: QUINN, STACIA

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1 FLOOR 1,100 SQ FT OF SPACE WITH FRONT ENTRANCE ON A NDOVER ST AND REAR
EXIT BEHIND PROPERTY

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 002600044

CITY OR TOWN ANDOVER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: RESIDENCE INN BY MARRIOTT LLC

DOING BUSINESS AS RESIDENCE INN BY MARRIOTT

ADDRESS 500 MINUTEMAN RD

CITY/TOWN: ANDOVER

STATE: MA

ZIP CODE: 01810

MANAGER: HAGEN, SUSAN

TYPE OF LICENSE: Innholder

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

124 GUEST ROOM HOTEL IN TWO BUILDINGS.. ONE STORY BLDG WITH LOBBY, MARKET,
PANTRY ROOM, DINING AREA FOR APPROX 30 PEOPLE AND MEETING ROOM. SECOND
THREE STORY BUILDING WITH GUEST ROOMS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 002600045

CITY OR TOWN ANDOVER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PEPPER DINING INC.

DOING BUSINESS AS CHILI'S GRILL & BAR

ADDRESS 131 RIVER RD

CITY/TOWN: ANDOVER

STATE: MA

ZIP CODE: 01810

MANAGER: CATALANO, ANDR TYPE OF LICENSE: Restaurant
EW

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1 STORY BLDG WITH KITCHEN AND DINING TOTALING 5756 SF BAR AREA INCLUDES 19 SEATS, 5 PERSON TABLES AND 9 FOUR PERSON BOOTHS, DINING AREA INCLUDES 19 4 PERSON BOOTHS AND 6 4 PERSON TABLES. SEPARATE LOCKED AND CAGED STORAGE FOR AB, LOCKED COOLER FOR BEER. ENTRANCES & EXITS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 002600046

CITY OR TOWN **ANDOVER**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **WINE-SENSE LTD**

DOING BUSINESS AS **WINE-SENSE**

ADDRESS **166 NORTH MAIN STREET**

CITY/TOWN: **ANDOVER**

STATE: **MA**

ZIP CODE: **01810**

MANAGER: **ETTORE, NORMA**

TYPE OF LICENSE: **Package Store**

CATEGORY: **Wine and
Malt Regular**

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

600 S/F RETAIL SPACE, 1 DOOR, 1 RESTROOM, 1 CLOSET

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 002600049

CITY OR TOWN ANDOVER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ANDOVER VENTURES INC.

DOING BUSINESS AS TOKYO STEAKHOUSE

ADDRESS 560 SOUTH MAIN STREET

CITY/TOWN: ANDOVER

STATE: MA

ZIP CODE: 01810

MANAGER: HOANG, HELEN

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

A GROUND FLOOR PREMISE LOCATED AT 560 SOUTH MAIN STREET CONTAINING APPROX. 6060 S.F. WITH SEPARATE KITCHEN DINING ROOM, SUSHI ROOM AND LOUNGE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 002600050

CITY OR TOWN ANDOVER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BOSSCORP LLC

DOING BUSINESS AS HOMEWOOD SUITES

ADDRESS 4 RIVERSIDE DRIVE

CITY/TOWN: ANDOVER

STATE: MA

ZIP CODE: 01810

MANAGER: PATEL, LINA

TYPE OF LICENSE: Innholder

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

HOTEL WITH 3 STORIES...3 EXITS ON GROUND FLOOR...3 EXITS ON FIRST FLOOR...3
STAIRCASES AND EXITS 3 FOR UPPER FLOORS

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3. the premises are now open for business (If not explain below)

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Individual, Partner or Authorized Corporate Officer

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TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 002600051

CITY OR TOWN ANDOVER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ANDOVER MEXICAN RESTAURANT INC.

DOING BUSINESS AS CASA BLANCA

ADDRESS 10-12 MAIN STREET

CITY/TOWN: ANDOVER

STATE: MA

ZIP CODE: 01810

MANAGER: NARANJO
FREGOSO, PABLO
CESAR

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SECOND FLOOR ENTRANCE AND EGRESS AT CENTER OF NORTH WALL AND CENTER OF EAST WALL...SEATS 52...KITCHEN & STORAGE AREA...THIRD FLOOR ENTRANCE AND EGRESS AT CENTER OF NORTH WALL AND CENTER OF EAST WALL...PUBLIC AREA SEATS 58 AND STORAGE AREA AND OFFICE SPACE 600 FEET

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 002600052

CITY OR TOWN ANDOVER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: WHG ANDOVER INN, LLC

DOING BUSINESS AS ANDOVER INN

ADDRESS 4 CHAPEL AVE

CITY/TOWN: ANDOVER

STATE: MA

ZIP CODE: 01810

MANAGER: MORAN,
CHARLES L.

TYPE OF LICENSE: Innholder

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

IN WHOLE OF SAID BLDG WITH 4 FLOORS CONTAINING REST, FUNCTION ROOM AND 30 GUEST ROOMS AND SUITES/ OUTDOOR PATIO WITH A CAPACITY FOR 50, ENCLOSED GARDEN FOR OUTDOOR FUNCTIONS WITH A CAPACITY OF 250 ENTIRE PREMISE TO BE USED AS AN INN, RESTAURANT AND FUNCTION FACILITY ON THE GROUNDS OF PHILLIPS ACADEMY

I hereby certify and swear under penalties of perjury that:

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3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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Please Check Below:

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 002600053

CITY OR TOWN ANDOVER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: LEBLANC'S FINE WINE & SPIRITS, INC

DOING BUSINESS AS LeBLANC'S FINE WINE & SPIRITS

ADDRESS 77 MAIN STREET, UNIT A

CITY/TOWN: ANDOVER

STATE: MA

ZIP CODE: 01810

MANAGER: LeBLANC, GENE

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

GROUND FLOOR END UNIT OF TWO STORY BUILDING WITH FRONTAGE ON MAIN STREET AND SIDE EXPOSURE TO MUNICIPAL PARKING LOT...SPACE IS APPROX. 24X73...MAIN ENTRANCE TO RETAIL SPACE IS FROM MAIN STREET...SECONDARY ACCESS BY EMERGENCY ENTRANCE/EXIT AT SIDE FACING LOT...STORAGE AREA IN BASEMENT ACCESSED BY STAIRS FROM RETAIL AND SECURITY DOOR INTO PRIVATE INDOOR PARKING GARAGE...RETAIL SPACE TO HAVE ALCOHOL DISPLAYS ALONG PERIMETER AND WALK IN COOLER

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1. the renewed license will be of the same type for the same premises now licensed;
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3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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Alcoholic Beverages Control Commission
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Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 002600055

CITY OR TOWN ANDOVER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ANDOVER FOOD INC.

DOING BUSINESS AS RAAGINI INDIAN BISTRO

ADDRESS 209 NORTH MAIN STREET

CITY/TOWN: ANDOVER

STATE: MA

ZIP CODE: 01810

MANAGER: PABLA,
JASPREET S.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

20X46 DINING AREA AND BAR AND 20X52 BACK AREA CONSISTING OF KITCHEN,
BATHROOMS AND STORAGE AREA FOR A TOTAL OF APPROX. 1980 SQ. FT...FRONT
EXIT/ENTRANCE TO PARKING LOT AND ONE REAR EXIT

I hereby certify and swear under penalties of perjury that:

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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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LOCAL LICENSING AUTHORITY

By:

DATE:

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The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 002600056

CITY OR TOWN ANDOVER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SAL'S 34 PARK, LLC

DOING BUSINESS AS SALVATORE'S

ADDRESS 34 PARK ST

CITY/TOWN: ANDOVER

STATE: MA

ZIP CODE: 01810

MANAGER: ACKERMAN,
PETER

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

4848 FULL SERVICE, TAKE OUT AND BAR. CUSTOMER AREA APPROX 2200 SF, MAIN
ENTRANCE FRONT ADJACENT TO PARKING LOT. LIQUOR STORAGE IN BACK LOCKED

I hereby certify and swear under penalties of perjury that:

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